November-December, 1966

MEDICAL MISSIONARY

toward peace between men

INTERNATIONALITY

Ours is a new era of world development. The universal family of mankind is keenly aware of its very real interdependence. Each country's progress and peace is clearly linked with that of every other. Never before has human responsibility been greater. The wide reach of present possibilities for collaboration and association call for the human expansion of all men. Fellowship between men and nations requires equality and freedom and therefore, development. Development aims at the peace of fellowship in the community of nations, at human completion, perfection and fullness. No man or nation is complete without the widest possible fraternal exchange of material and spiritual resources. When respect and love have become reciprocal and universal, large nations and small ones will, like lion and lamb, lie down together, sleep and live in peace. ☐ by SISTER M. LAWRENCE

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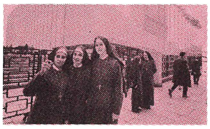

Cover: Sisters from many nations tour the U.N. building in New York.

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the
message of
christmas
is peace
and
freedom

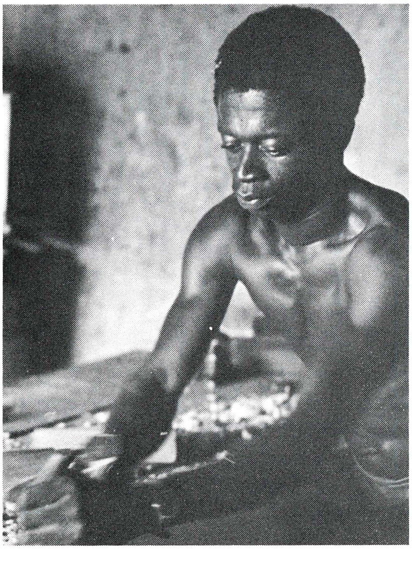
Freedom to Be

to Become

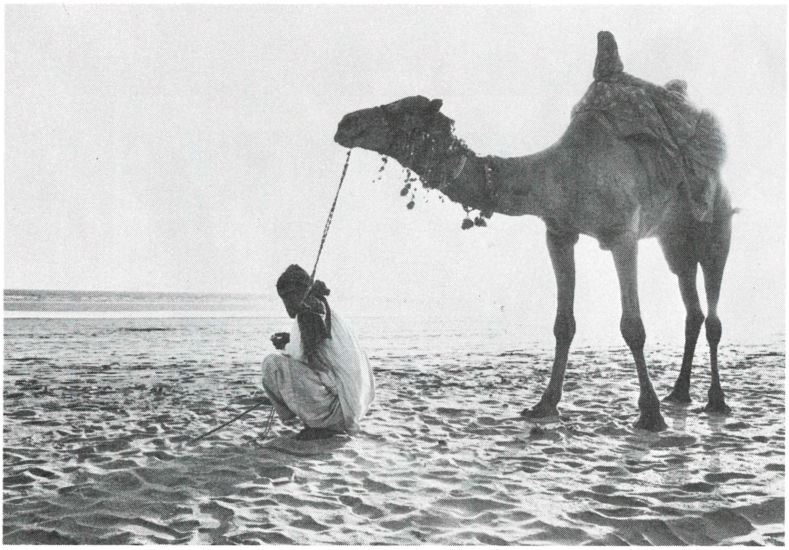
to love

TO GROW

TO BUILD TO DARE



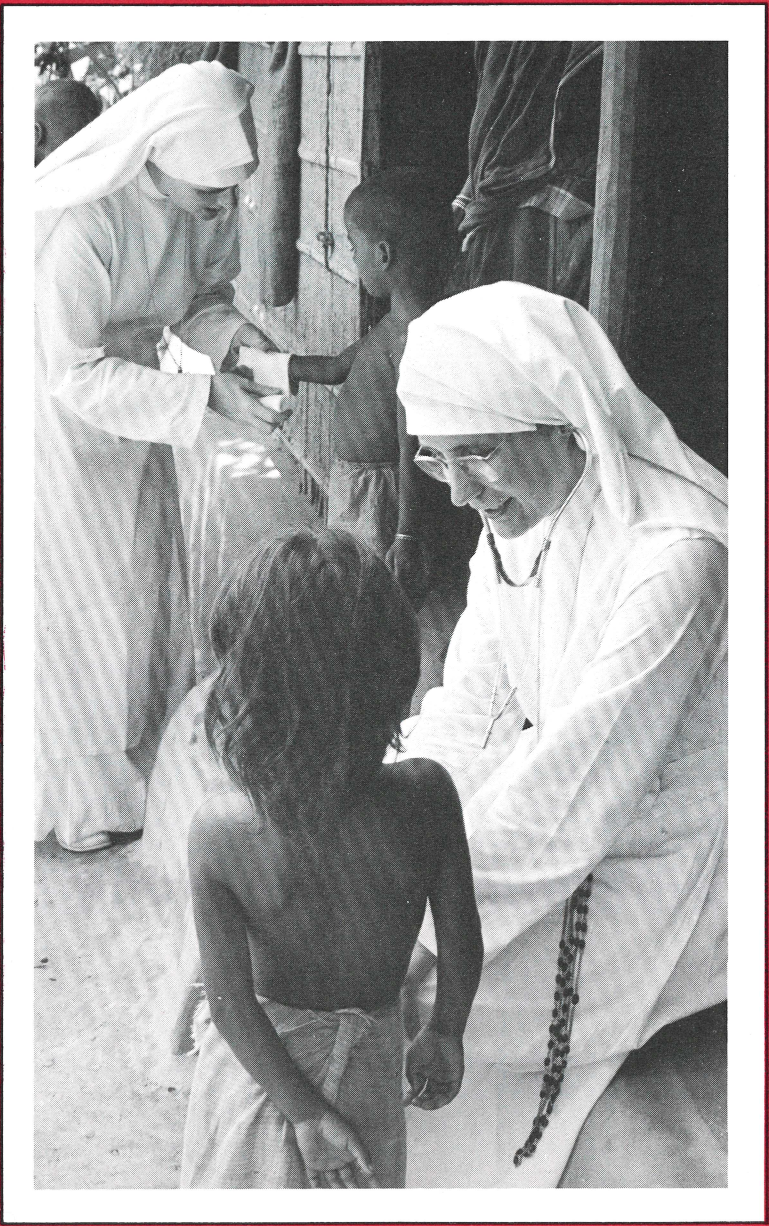
To Be Different



When a man is free to be, he is at peace.
When a nation is free to build and to become,
it is at peace. When nation and nation and
nation together weld a mighty world
community, when within that single framework
each can dare to be different, there is peace.
This peace is the promise of Christmas:
peace on earth to all men of good will.
Such a universal peace cannot simply happen.
It must be built up and carved out daily
through the anguish and sweat of a
multitude of men. It is a responsibility
no man dare ignore. It is your burden and
mine. Blessed are the peacemakers.
They are the children of God.

Medical problems of the developing countries

Roy E. Brown



Sister Christine, M.D. and nurse, Sister Lourdes, attend the small folk in an East Pakistani village.

"The destiny of the human community has become all of a piece, where once the various groups of men had a kind of private history of their own."
The Church in the Modern World

Roy E. Brown is an honorary lecturer in the Department of Pediatrics and Child Health at Makerere Medical School, University of East Africa, Kampala, Uganda.

National Problems, An International Concern

Although developing countries vary in geographic size, population pressures, and natural resources, a number of generalizations can be applied to them. Their economies are based on subsistence agriculture, and average incomes are low. In almost all fields there is a lack of trained technicians. Despite the governmental premium on education and massive education programs, the literacy rates are very low, a fact related to the lack of trained teachers.

By Western standards the populations are young, with almost half the peoples less than 15 years of age, and up to one quarter below school age.[1] Approximately 90 percent of the population of developing countries is rural, with a definite trend toward urbanization[2]. Vital statistics are either unreliable or nonexistent, but childhood mortality rate is known to be extremely high. Infant mortality is 3 to 10 times that of developed countries, the mortality among pre-school children is as much as 30 to 50 times as great, and about 40 percent of the total mortality occurs in children under the age of 5 years. Approximately half of the children born never reach their fifth birthdays.[1]

Fertility rates are so high that, in spite of large losses among children and the resultant shortened life expectancy, there is a population increase which is estimated to approach 3 percent annually.[3] The population explosion causes land hunger, which is directly related to physical hunger. Thus medical prevention of death from disease may merely add to the numbers dying from starvation.

Population has often been equated with power, and curtailing the growth of population is synonymous to some minds with inhibiting the growth of power. Birth control programs may meet resistance, as government agencies reject certain plans or render them ineffectual through indifference.

As a result of mass migrations, the annual growth of the population in cities and towns is even greater than the growth of the population in general. Associated with the drift to the towns is a rapid dissolution of rural familial and social structure which is inaugurating major changes away from the traditional mode of living. Juvenile delinquency, alcoholism, and promiscuity will predictably increase along with those diseases of overcrowding, poliomyelitis, typhoid fever, and tuberculosis.

Medical Services Are Deficient

In the presence of population pressure, high childhood mortality, limited educational facilities, and the failure of rapid development of agriculture, there are gross deficiencies in quality of medical services. Governmental expenditures in the field of health are low in relation to the need.[4] The doctor-patient ratio ranges from 1 to 20,000 to 1 to 100,000, compared to a ratio of 1 to 1000 in many developed countries.[5] For various reasons most of the available doctors are found working in larger towns, and so the situation in rural areas is even more acute than these figures indicate.

There are correspondingly few trained nurses, midwives, and other medical personnel, in addition to shortages of hospital beds, clinics, and health centers.[6] With a limited national budget, there are many urgent problems, and very little money is available for solving those related to health. Medical expenditures may range from one-twentieth to one-tenth of the amounts designated in developed countries for each person annually.[5,7]

Characteristic Disease Pattern

To understand the medical problems of the developing countries, it is important to appreciate the background of the complex interrelationships among health, economics, political considerations, and sociological parameters. Despite many variable factors, the disease pattern is surprisingly similar in all developing countries. There are certain common childhood diseases, most if not all of which are preventable. Leading the list invariably are malnutrition, diarrhea, and respiratory illnesses, often interrelated. The pediatric list continues with malaria, tuberculosis, intestinal parasites (especially hookworm and roundworm infections), and the so-called childhood infectious diseases (particularly measles and whooping cough), followed by accidents such as kerosene poisoning and burns.

Among adults are found various types of anemia and deficiency diseases, tuberculosis and leprosy, such parasitic diseases as malaria, schistosomiasis, filariasis, and others caused by locally prevalent parasites, trachoma, venereal diseases, mental illnesses, dysentery, and cholera. Also present are all the other medical conditions which are found throughout the rest of the world. There are, of course, a number of unusual diseases peculiar to one region or another, but these usually do not constitute significant problems.

The major difference in the pattern of disease is that rarely is a single condition present alone. The salient feature is the superimposition of a particular disease on a malnourished, anemic, and parasite-burdened individual. The underlying problems will weaken the person, undermine his resistance, create a far more serious medical problem of management, and most likely increase the complications and militate against survival. As can be imagined, chronic diseases of elderly persons, the so-called degenerative diseases, are not a significant public health problem.

A limited health budget, few hospital beds, and shortages of medical and technical staff, added to the weakened and disease-ridden population, create major medical problems for administrator and clinician. The criterion for hospital admission is often the basic consideration of survival. Hospital treatments are aimed not necessarily at cure, but at lightening the burden or tipping the balance in favor of the patient so that he can be discharged from the hospital and free the bed for the next admission. In many instances this approaches what could be classified as first aid.

Most patients admitted to modern hospitals in developing countries have already been seen and treated by a local practitioner or healer. Despite this tendency, modern facilities have gained pop-

(*continued on pg. 178*)

PINE ROAD'S U.N.

By Sister Bernadette Marie

Social revolution . . . labor unions . . . population explosion . . . nationalism — how does a hospital in a rapidly-developing nation respond to the fluctuating needs of its people? How does one measure the influence of a hospital as it reaches into medical, social, economic, cultural and educational realms? How can a hospital better understand its position and role within a country so that it might become more effective?

These were burning questions as eighteen Medical Mission Sisters representing seven nations met in Philadelphia to pinpoint answers. Brought together to participate in a planned renewal program, the Sisters averaged ten years each of hospital experience in Venezuela, Jordan, Uganda, Ghana, Vietnam, Pakistan and India. Pine Road in suburban Philadelphia took on an international aura as these veterans of international service put their heads together to explore common problems.

Social science experts and representatives of Government agencies were invited to address the group and to share with the Sisters their knowledge, experience and insights. Group dynamics, nationalization, international cooperation for development, cultural adaptation — the program was power-packed as lecture after lecture opened new vistas and broadened preconceived perspectives. Into the wee hours the Sisters from different countries continued to discuss new concepts of cooperation, taking a fresh look at their own work in the light of what they had just heard.

An abundance of ideas merged into aspects of a single theme as each discussion group presented its conclusions to the whole. In step with the times, an overall theme of cooperation emerged. "Cooperation is no longer an ideal; it is a necessity," said Sister Phyllis, a registered nurse from Holy Family Hospital, Karachi, West Pakistan. "According to the Constitution on the Church, 'the human race today is joining more and more into a civic, economic, and social unity.' Our cooperation must extend to government agencies, as well as to other Catholic groups and Protestant groups. Before opening a new unit in an area, we should consult with the Ministry of Health officials to see what their plans for the area are and

Renewed and ready to return to new posts as superiors in Vietnam and Pakistan are Sister Brendan and Sister Phyllis.

then see how we can fit in with them."

"We can't work like a hundred people, but we can get a hundred persons to work with us!" said Sister Bernarda, M.T., of Venezuela, emphasizing the importance of educating the local people. "Teaching, formal or informal, is always going on. In Ghana, nutrition classes are given to maternity patients. Our Maracaibo hospital has solicited the Government agency for adult education to supply teachers for an hour a day to give all the employees a chance to finish school. We have resident-doctors' training programs in India, and of course the many nursing schools in our hospitals all over the world. And how about the informal preparation for employees in every phase of our work? Some of this certainly filters into their everyday living, be it in matters of simple hygiene or better ways of doing things."

An Indian Sister, Sister Antoinette, gave a survey of the Medical Mission Sisters' work in India. She concluded, "I thank God for all the good, and it is very much, that the Sisters have accomplished in India. I pray that we will be able to continue and improve and progress, and accomplish more and more for our people and our country. We need to enter more and more into dialogue with our Sisters working side by side with us, our staff, our employees, our patients and their relatives, the Government and the different organizations in our country."

"Mr. Mayer, our last speaker, author of *Pilot Project: India,* made me promise to tell you about our credit union," said Sister Rachel from Dacca, East Pakistan. "It is run completely by the employees themselves. All the employees of Holy Family Hospital were eligible to join and benefit through short-range or long-term loans. In a few months it has grown from nine members to eighty. From no money in the bank we now have 1,100 *rupees* and have given four long-term loans and twenty short-term loans a month

"The human family cannot accomplish its task constructing for all men everywhere a world

A time of rich exchange and shared experiences for these Sisters taking part in the renewal program.

on an average. The members are from all the departments of the hospital — lab, office, pharmacy, cleaning, maintenance — and are Catholics, Buddhists, Hindus and Muslims. The felt need for such a project is widespread in our hospitals."

"We wanted ideas," sighed a Sister from Venezuela at the supper table one evening. "Now we've got so many we feel like punching boards!" When asked what a punching board was, she said it must be a combination of a sounding board and a punching bag.

Updating in theology characterized the second phase of the renewal program. Lectures and discussions on Scripture, salvation history, the documents of Vatican II, the mission of the Church, and religious life were featured, highlighted by an ecumenical panel discussion on the healing mission of the Church and Douglas Hyde's seminar on Christian leadership.

Next on the agenda was an opportunity for each Sister to take a refresher course in her particular profession. The National Institute of Health in Bethesda, Maryland; St. Elizabeth's Hospital in Youngstown, Ohio; and the department of surgery at Wills Eye Hospital in Philadelphia were three of the places to be invaded by missionaries keen to pick up the latest in technical know-how.

After six months of translating theory into the cultural idiom of their own ports of call, of devouring and digesting facts and figures that might mean more effective service on return to the field, the Sisters were ready to return to their posts. They boarded their planes determined to put possibilities into practice. A wealth of information, a new view in their professional fields, a renewed desire to face and work through problem areas in their mission posts—these were the values the Sisters carried away with them. Most important, all of them rededicated themselves with renewed vigor to their role as religious women deeply involved in and attuned to the needs of the world.

genuinely more human unless each person devotes himself to the cause of peace with renewed vigor."

The Church in the Modern World

Christmas

I arrived in New Delhi late during the night of December 22, and the following morning found myself facing a kind Indian doctor at Holy Family Hospital. After a casual examination, he said, "I am sure you can continue your travels, but first, you must come to the hospital for tests so that I can make you well."

Fate had decided where I would spend Christmas. I recalled my sister Mildred's parting words to me as I impetuously left for a year of inexpensive, meandering travel around the world. "No sleep for me until you return. Why must you go into troubled areas, and where will you spend Christmas?"

Suddenly I felt very fortunate. My $4-a-day double room at the hospital was very clean, quite spacious and had an adjoining bath. Three or four Indian nurses and aides came in and out constantly. In addition to my doctor, an Indian woman doctor, the supervisor and other American medical Sisters attended me. When an aide did not speak English, a smile or a touch on my hand or face conveyed the concern she felt. My homesickness disappeared.

On the afternoon of December 24, Mona, the Indian day nurse, came to take me to the Christmas program. Recitation in verse and song told beautifully of the birth of Christ. The scene was the kitchen of the inn. Mary and Joseph had been hidden in the stable. It was delightful in its simplicity. When the play was over, a huge jolly Santa entered. Names were called out and the Sisters passed gifts to him for distribution. No one was forgotten.

My roommate, a lovely Indian lady, had not been able to attend the play. She had given birth 15 days before and was back in the hospital because of complications. Her huband, who spoke very good English, arrived shortly after breakfast with a large, colorful, hexagon-shaped tin of candy which he had purchased for me to give to the employees as a Christmas treat. With him were his little 4-year-old daughter, the new baby and his family. The little girl had brought me a gift, a smaller tin of candy. She sat on my bed and we had a wonderful visit through pictures, sign language, laughter and songs.

After thoroughly enjoying a typical American Christmas dinner, some of the Sisters came in and sang carols. I almost cried. One of the Sisters asked, "Are you lonesome for your friends?" Another Sister quickly replied, "No, she's among friends." And such wonderful friends, all of them.

Christmas afternoon I visited the 15 Nativity scenes which each department had arranged, and used my only remaining flash bulb to take the manger scene with a real baby in the crib and two young people representing Mary and Joseph standing on either side. A

"By His Incarnation the Son of God has united Himself in some fashion with every man."

in India

By Marjorie Huber

man stepped up and asked for a copy of the picture, saying proudly, "I am the father of the baby."

Two Sisters asked me to go with them and act as third judge of the Nativity scenes. Each department was competing for the coveted first place. Much hard work had gone into all of the beautiful scenes, but our unanimous vote for "originality" went to the display made of bottles, capsules and test tubes. The test tubes had been bent into all kinds of shapes, such as camels, wise men, a manger and trees. Displayed on a pane of glass with indirect lighting from beneath, it was a winner.

Next came the prize for "beauty." Much detailed planning went into this one, a scene of the desert with trees, a bridge over a stream with running water, a lighted inn, the manger scene with the three Wise Men, and hanging lanterns for effective lighting.

The "simplicity" prize could be none other than the live baby in the crib-manger, lying on a bed of straw. As the prizes of candy and fruit were awarded, the other contestants enthusiastically applauded their agreement.

Christmas in New Delhi, half a world away from home. Most people would feel a twinge of homesickness, but not me. There was no time to be lonely, and no need to be among my new-found American and Indian friends. The showing of a film, which I attended in the company of an Indian student-nurse, and a visit to the chapel brought a busy Christmas day to a close.

The following day, the American Ambassador, Chester Bowles, and his wife stopped by. Two young ladies with the Woman's Club of the United States Information Service brought poinsettias and other decorations to the hospital. On December 28, I ventured forth from the hospital to do some shopping. A fruitless search for film and the necessity of finding a tailor to meet the postal requirements of having my package sewed up in white cloth for mailing left me exhausted. Returning to the hospital was a whole lot like coming home.

My roommate, back from minor surgery, was doing much better and would soon return home to join the family I had come to know so well. After tea that afternoon, I watched the games which were a part of the holiday entertainment and included the employees and their families. They had great fun with the "tug of war" and "musical chairs" and the races for men, women and children.

The following day I said goodbye to the kind people of India and the American mission Sisters who were doing good over so many parts of the world. It had indeed been a memorable week. The Christ who had become Flesh for all men and every nation had given me an international Christmas.

Sister Silva (Yugoslavia)
Sister Michelle (Canada)
Sister Clarita (Puerto Rico)
Sister Berchmans (New York)

WORLD-WIDE...our love, our allegiance, our family ties. That is because we are an international community.

An international community is not simply a heterogeneous gathering held together by a single rule and purpose. It is an entity whose components are bound one to another by the strongest of bonds. It is a family, and we, its members, are sisters because we are children of one Father in Whom there are no distinctions of race or color or class. God has promised that one day men of all nations will sit down to table together in the Kingdom. Today in 1966, the vanguard of the Kingdom has already come. Within the warmth of our own community circle, Indian and Filipina, American and Canadian, Negro and white man live, love and labor together for the completion of the Kingdom of the Lord. To us the world is in a sense already one, because we are all one in Christ.

International means universal. An international community can go out to all nations and all peoples because people of all nations have first come into her, forming the very bone of her bone. The whole is enriched and made effective because the component parts are so unique and keen to give of what they are. It is a privilege and

"Every day human interdependence grows more tightly d

Sister Therese (Scotland)

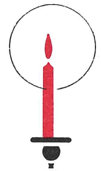
Sister Hadewych (Belgium)

Sister Ivan (New Orleans)

Sister Angelina (Philippines)

a grace to be part of something bigger than oneself. But this gift is not without cost. Although each person retains his individuality and is thereby fulfilled; although no one nationality loses its cultural heritage; still there are countless daily demands that call for sacrifice. How else can one individual really meet another except by entering freely into his neighbor's world in order to better know and understand who his neighbor is. This necessarily means relegating one's own cultural outlook to the background, time and time again. To be international, we need to be secure enough in our own nationality to be able to set it aside whenever the occasion demands.

There is strength in this broad variety of persons. There is an openness too that comes from not being closed in on oneself. Constantly we are called upon to shift our focus away from the narrow segment of time and circumstance known as "my," to the worldwide panorama, deliciously vivid in scope and content, known as "our." It is a process of continual growth and discovery. And in this process of building and contributing to an international community, we ourselves become international.



awn and spreads by degrees over the whole world."

The Church in the Modern World

Medical Problems *(continued from pg. 170)*

ularity and are constantly hard-pressed to keep up with the demands for service.

Many of the medical conditions described are preventable. This is a valid statement in theory, but in actuality prevention is hampered by many factors. Far less costly than therapy in terms of personnel and money, prevention remains difficult in places where there is inadequate education, general illiteracy, and ignorance. Health is affected by various superstitions, taboos, and erroneous beliefs about the causes and cures of illnesses. Fatalistic acceptance of death is very common and presents a major obstacle.

It is extremely important for workers in the health fields to attempt to understand indigenous beliefs and practices concerning health and disease. The field knowledge of anthropologists and sociologists can and should be of great importance in the solution of what appear to be overwhelming medical problems. Arensberg and Niehoff recently commented that, although it might appear that a superior technique for growing crops or for healing the sick or for educating the young would automatically be accepted by those lacking these techniques, any technician who has worked in the developing countries can tell of superior techniques that failed to be accepted only because the habits and customs of the local people were not taken into consideration by those proposing them.[8]

Some local customs are excellent and necessary; these should be encouraged and protected. Other traditions are harmful and often can be dislodged only by circuitous means and with the combined efforts of doctors, nurses, health educators, social scientists, and politicians.[9] Typical of the harmful customs are those which impose dietary restrictions, such as reverence for cows in India, refusal to eat fish or chicken or eggs in certain regions, and taboos limiting the use of foods during pregnancy and lactation. The health worker must use great skill and ingenuity to counteract these harmful customs.

The general conditions of health in developing countries today are not dissimilar from conditions existing in Europe and the United States 50 or 100 years ago. Chaudhuri observed that "masses of children in India, especially in the slums of large cities, know nothing of life but the pain and lassitude of hunger. Children do not die only of hunger, but also lack of care and unhygienic conditions. Many children have no home or shelter at all. Many live in the streets of the town and sleep on the pavement."[10]

General living conditions and diet were described by a Joint UNICEF-WHO Committee on Health Policy: "Probably three-fourths of the world's population drink unsafe water, dispose of human excreta recklessly, prepare milk and food dangerously, are constantly exposed to insect and rodent enemies, and live in unfit dwellings."[11] These factors, whose adequacy is often taken completely for granted in advanced societies, are responsible for many common medical problems which could be controlled simply by improved environment.

Malnutrition a Principal Problem

Undernutrition and malnutrition constitute perhaps the most serious deterrents to progress in the developing nations. Nutritional defects can limit the physical and mental development of individuals, which in turn will limit their contribution to social and economic progress.[12] Malnutrition is the major public health problem in the world today. In areas where protein deficiency is the most significant nutritional disorder, there is often, curiously, an abundance of protein. Those people who are malnourished are not aware that they lack protein, and unfortunately protein foods may be available only in a form which is either unacceptable to their customary food pattern or too dear for their normal household budgets.

Since malnutrition retards economic development and interferes with educational progress, it is not only a medical but also a political and social problem. Half the world's population suffers from hunger, defined as insufficient quantity of food, or from malnutrition, which is inadequate quality of diet, or from both. Recent figures indicate that the population increase is outstripping the food supply so that available food per capita is decreasing despite improvements in food production. It must be appreciated that the natural balance of selection which at present functions in many countries is gradually being interfered with by developing preventive medicine and curative services which add to the population explosion.

It is apparent that the answer to many of these problems must involve long-range planning in fields beyond that of the traditional healer. Education of farmers, mechanization of agriculture, use of fertilizers, and improvement of

(*continued on pg. 181*)

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the trumpet:

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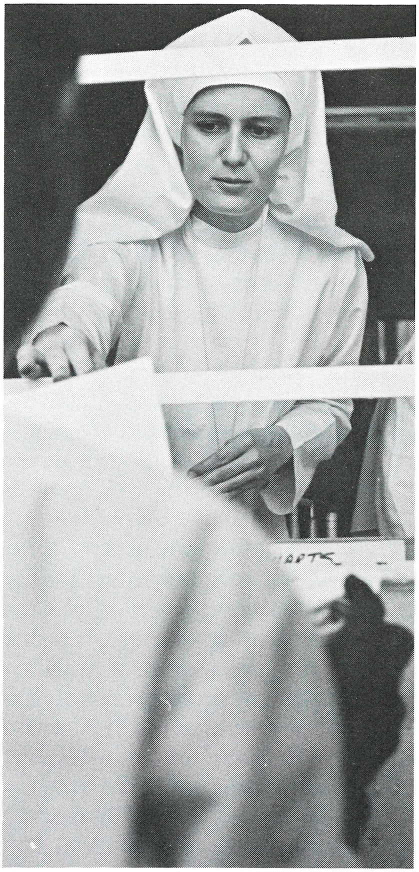
"One of the salient features of the modern world is the growing interdependence of men one on the other, a development promoted chiefly by modern technical advances."
The Church in the Modern World

A SEMINAR IN EAST AFRICA



Sister Darrah handles a laboratory request from a patient at Holy Family Hospital, Fort Portal, Uganda.

An East African seminar on laboratory work, the first of its kind, was held recently at Makerere College Medical School in Kampala, Uganda. Sister Darrah, medical technologist at Holy Family Hospital, Fort Portal, was sent as an official representative of a rural hospital in Uganda, by the sponsoring agents, WHO and UNICEF.

Representatives from Kenya, Tanzania and Uganda, as well as from Nigeria, Rwanda, Pakistan and England gave the meeting an international flavor and heightened its importance and value. Over 50 papers and 15 demonstrations were given covering the topics of equipment, controls, training and methods for improved laboratory services.

Sister Darrah presented two papers, one on the subject of laboratory records and the other on running a hospital laboratory in an area without electricity.

The urgent need for a Board to be set up from the three East African countries in order to supervise future laboratory services was one of the most significant developments of the seminar.

Medical Problems (continued from pg. 179)

crops and animal varieties must be combined with intelligent programs of family planning. If malnutrition does not directly or indirectly cause death in the developing countries, it may cause physical and mental stunting and make individuals listless and incapable of vigorous activity.

Birth rates tend to fall whenever standards of living rise. Impairment of social and economic growth is related to nutritional problems, and with the passage of time one can add to the other in a vicious circle. The solution, therefore, must be broadly based, with the knowledge that nutrition may very well be the key factor.

Those most susceptible to protein deficiency are infants, preschool children, and lactating and pregnant women. The amount of protein necessary for growth and development of body tissues at these critical periods is very great. Emphasis must be placed on the cultural patterns which determine what foods are available, how they are prepared, and who may eat them.

Protein quality is assayed on a scale of biological value, the perfect protein food being given a value of 100. Milk, eggs, fish, and beef have very high values. Although cereal grain, oil seeds, and legumes have somewhat lower values, these can be upgraded by means of processing and proper mixing with other foods.

In many countries high-value proteins are generally not available or too costly for people with low incomes. The usual diet is composed of cereal grains or starchy foods, which may provide enough calories but which contain less than 15 percent protein. It would require an impossibly large intake of these foods to fulfill daily requirements. It is urgent that the poor, uneducated person be assisted in appreciating the fact that he and his children are malnourished and be given information on the utilization of his existing food resources. Local governments must similarly first recognize that this constitutes a major problem before they seek a solution.

Overseas Financial Support Is Not the Solution

The world is divided into countries that are rich and countries that are poor, and the medical problems in each of these categories are distinctly different. The rich countries have more than enough doctors, nurses, and technicians; there are drugs, hospital beds, food, and equipment in abundance, reliable sources of water and milk, good sanitation, high standards of general education, adequate transportation and communication, and a reasonable per-capita income to insure a high standard of living. These factors represent a historical development of gradually improved socio-economic conditions, in the course of which medical problems were systematically approached and solved. While medical facilities were being improved in the developed countries and adequate personnel trained, environmental improvements independently alleviated many of the public health problems.

In the countries of Africa, Asia, and Latin America the present situation can be described in completely contrasting terms. The discrepancy between the two worlds is only in part a matter of finances. While the advanced countries must recognize both humanitarian and international obligations toward the less-favored countries, money alone will not completely solve these complex problems. In the developing countries an improvement is needed in the general attitude toward health and disease, which ultimately is a factor of education. Long-standing customs and superstition govern much of what is currently thought and practiced in health matters. As standards of living improve, the bases for many medical problems will be eradicated. As the numbers of trained medical workers increase and the general level of education improves, the problems here described will be altered.

Is There a Solution?

The basic problems of medicine can be approached with simple, effective, scientifically guided modern methods, predominantly preventive, applied in spite of adverse circumstances. At the moment the health problems facing a surprisingly small number of workers with drastically limited facilities are staggering. There are simply too many extremely ill patients to be managed under conditions far removed from the ideal. There is no prospect of an early solution. The application of available modern methods would save many lives, especially in early infancy and childhood. But, unless the trend is modified by careful planning, birth rates will continue to be high, and total numbers in the population will consume available food supplies and add to the already crowded schools and hospitals.

Increasing urbanization will create more unemployment and extend the unhealthy condition in and around the towns and cities. Until mechanization is introduced in force, agricultural production cannot be developed, and food shortages will persist or become worse. It can be predicted that the numbers of trained teachers and schools will continue to be insufficient to cope with the population's growing concern with education, and there will be an increase in the number of discontented people. Training facilities are inadequate at all levels of medical education as well.

There is a need for trained individuals in every field—teachers, lawyers, agriculturists, administrators, and so forth. Within governments various ministries are competing for limited funds, and within educational structures various departments are competing for the few well-qualified people available. Time will provide many of the solutions, but the interim growth pains and developmental processes will be plagued by difficulties.

Paradoxically, the highly developed countries are ill prepared to provide the developing countries with needed assistance in health matters.[13]

Medical graduates from advanced countries are often poorly qualified to assist in the development of health services in these other countries because, in their training, curative medicine has been stressed to the neglect of preventive and public health medicine. Ultimately, all mankind will benefit from modern medical advances, but present-day research is distant from such urgent considerations as the prevention of severe childhood malnutrition or the control of endemic bilharzia.

Conclusions and Summary

There can be no immediate solution to the medical problems of the developing countries. Priorities are demanded, and it must be acknowledged that in allocation of medical priorities certain compromises are required. It can be hoped that the least detrimental compromises will be selected. Careful planning of health services and also of training programs for various medical personnel must not rely on what exists in developed countries, because those facilities and programs may be completely inappropriate to other situations.

At the same time as inroads are made into the preventable conditions which now claim thousands of young lives, programs of control and improvement of agricultural methods must be emphasized. The reduced morbidity and mortality which results from immunization against childhood infectious diseases, smallpox, and tuberculosis must be borne in mind in overall planning for schools and general health services. Inexpensive and practical programs that could be managed by medical personnel who are not highly trained should be considered.

As the benefits of technical development gradually reach the urbanizing population living under poor social and hygienic conditions, changes in the disease picture must be anticipated. Those involved with planning and training must understand various cultural influences so that the transition period can be made as painless as possible. Certain seemingly attractive Western procedures should be guarded against if they are not practical. For instance, a common tendency is to build large modern

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hospitals throughout the land with disregard for the fact that these hospitals cannot possibly be staffed, equipped, or maintained because of shortages of trained people and available funds.[14] This has been called an "edifice complex" and is unfortunately found in many developing regions, stimulated often by ill-considered advice from overseas experts.

At the same time as medical services are being improved, it is extremely important to document the improvements by means of carefully recorded statistics. Guidance in necessary methods for documentation should be sought early in the development of medical care.[15] Obviously it is vital to determine what and where the major medical problems are so that programs will be designed to attack them. Once the problems are sorted out, available resources can be allocated and preventive measures and health education can be aimed at specific aspects of public health.

Many general statements have been made to describe the medical problems in the developing countries of the world. There is a need to particularize the problems and approach the specific manifestations of disease with knowledge of local conditions and resources. Accepted textbook solutions no longer apply in the field, and the ultimate solution may be along lines which are completely unique and non-traditional. To break the usual rules may be the only practical means to solve the problem at hand, and modified common sense must often replace modern technology. The practical variations on the general theme described here make the medical work in developing countries interesting, exciting, and rewarding.

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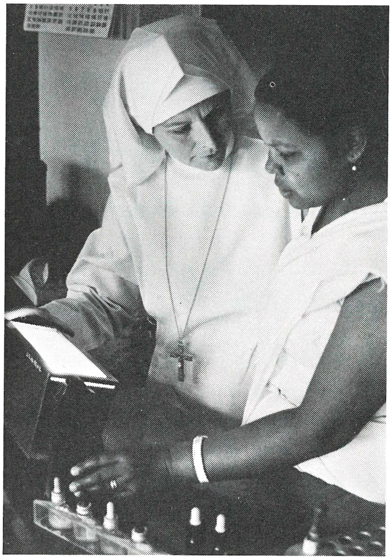
"Medical Problems of the Developing Countries," Roy E. Brown, *Science*, Vol. 153, pp. 271-275, 15 July 1966. Reprinted with permission. Copyright 1966 by the American Association for the Advancement of Science.

Sister Michael Ann, medical technologist at Holy Family Hospital, New Delhi, for the past five years, has been temporarily relieved of her duties to give valuable service to the Chotanagpur Project. This is an extensive study undertaken by the Indian Social Institute for the purpose of evaluating the activities of voluntary agencies in the fields of health and socio-economic development in the Chotanagpur area where a number of aboriginal tribes are settled. Sister's work is mainly in the field of health services in the area, preparing questionnaires and interviewing people engaged in health care.



Sister Michael Ann at Holy Family Hospital, New Delhi.

A SURVEY... A SERVICE IN INDIA

"Christians are joined with the rest of men in the search for truth and for the genuine solution to the numerous problems which arise in the life of individuals and from social relationships."

The Church in the Modern World

Sister Adelaide on the roof of Holy Family Hospital, Patna.

With almost 20 years of hospital work in India behind her, Sister Adelaide has been assigned to the full-time post of administrative assistant for the Catholic Hospital Association of India. She will work closely with Rev. James S. Tong, S.J., executive director of the association. At present, the organization services the 232 Catholic hospitals and 424 dispensaries in the country, co-ordinating activities, providing valuable information and facilities, conducting seminars, contacting government agencies, publishing a bimonthly journal, etc. Sister Adelaide has an office at the Catholic Hospital Association headquarters in New Delhi.

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KENYA

East African English

For the past couple of weeks I have been taking histories in the dispensary and breaking in a new interpreter at the same time. Martina is teaching me a new language, East African English, in addition to the dialect of the area. A patient was complaining of abdominal pain and my interpreter said, "Sister, she says the worms are disturbing her appendix." Her favorite expression is, "Sister, this patient is feverized." The most frequent complaint of the ante-natal patients is, "My stomach swells after eating." You should see what they eat! Whenever I inquire at the ante-natal clinic about a patient's diet—"What is she eating?"—my

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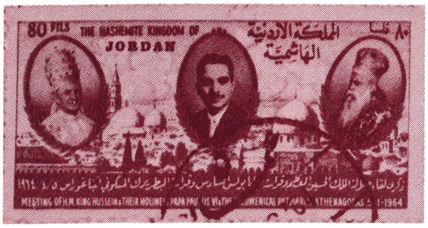
PHILADELPHIA

First Provincial Chapter

Thirty Medical Mission Sisters from hospitals and houses around the world gathered in Philadelphia during the month of October to take part in the first Chapter of the American Province. They came together to study the role and work of the Society in the light of the Decrees of Vatican II and the changing world conditions. With a heightened awareness, as a result of the Council, that the Church now wishes her religious to give an "increasingly clearer revelation of Christ" to all men, the Chapter delegates pointed the direction toward new goals and urged a renewed dedication to the Society's task for the Church and the world. Appropriate measures were decided upon in order to effect the changes necessary to allow the Sisters to give not merely splendid but "striking" testimony to the world around. Sister Miriam Hoover, the new Provincial, will hold office for the next six years.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VIET-NAM CONG-HOA
BUU-CHINH
HOA SEN

helper's answer is always the same: "Food." When a patient complains of gas pains or rumbling noises inside, Martina says, "The worms are making too much noise inside." Occasionally as I am taking a history, Martina will lean over and announce very emphatically: "Sister, she has TB." I am enjoying her immensely. I just have to remember not to laugh at the wrong time.

Sister M. Patricia
Holy Family Hospital, Nangina

INDIA

An Unusual Thank You

The other day I received a very unusual "thank you." It was a particularly hectic Monday morning. The night report left several problems to be corrected or looked into, the telephone was ringing incessantly, the secretary had accidentally made two appointments for the same time, and there was an extra large stack of bills to be paid. It was then that I opened a letter with a check enclosed. There was just a short note that read: "My husband and I are returning to the United States after three years in New Delhi. Neither one of us has ever been a patient in your hospital, but we'd like to make this small donation to your work in gratitude for the peace of mind it gave us to know that if either of us ever got sick, Holy Family Hospital was there." It was just one piece of paper on a desk covered with many others, but it made the rest fall back into perspective and the business of running a hospital look less formidable and more human.

Sister M. Caroline
Holy Family Hospital, New Delhi

GHANA

One For the Road

I am still getting used to the narrow Ghanaian roads where anything can and often does happen. A while ago our doctor was asked to go down to Berekum for a special GYN operation. Sister Paula and I went with him. Before we left Techiman it began to storm, with hail the size of ice cubes, rough winds and a real downpour. As we left for Berekum, the storm had settled into a slight drizzle.

Just outside of Techiman we came to the first tree that had fallen across the road. A path was already cut to allow a car to pass. We went a few more miles and were stopped by another tree blocking the road. While we waited, some of the villagers chopped the tree with their cutlasses so that cars could pass. We saw many more fallen trees as we continued on our journey, but they did not block our way.

We had planned to stop for gas in Chirah, but when we got there we found that the station had closed down. Our gas gauge said

INTERNATIONAL COOPERATION YEAR 1965
UN
UNITED STATES POSTAGE
5¢

INDIA
0.15
1889-1964

REPUBLIK INDONESIA
DALAM PEMBANGUNAN
FRONT ILMIAH
1.50

Pescadores (Estado Anzoategui)
Conozca a Venezuela Primero
0,30
VENEZUELA
CORREOS

"empty" and we still had 12 miles to go before we would reach another station. There wasn't anything else we could do but go on. The rain was coming down quite heavily again, and at a few places on the road we could have used a boat. We had just gone through a pool of deep water dragging part of a tree under the car when our motor stopped. We were out of gas. Luckily there was a truck behind us and when we asked if he had any gas he said, "Mame, I only have one gallon. You can have half and I will take half." Our angels were certainly looking after us as it was pitch dark by now. With that half gallon we made it to the gas station and then continued on to Berekum.

Sister Regina Marie
Holy Family Hospital, Techiman

VIETNAM

Time to Retreat

During our annual spiritual retreat, we had forewarned our Army friends that we would be "unavailable." Sister Raymond and Sister Elise were around, of course, to keep the hospital functioning. They were kept busy steering visitors in the other direction. It is strange — wonderful — the effect our retreat had on our friends, Catholic and non-Catholic alike. All had been warned that we would be keeping silence ("Not for eight whole days, Sister?!!"), and anyone who had to come on business came with downcast eyes, hardly daring to look at a retreatant. The last day of the retreat I met one of the ambulance drivers making an impromptu delivery to the kitchen. He had been here almost every day of the retreat for one reason or another. This last day was too much. He turned around and said, "How are you holding up, Sister?" I just had to laugh. For us the retreat flew by all too quickly. At breakfast on the day after the retreat, the retreat master said he had been to the Marine camp to give a talk and "all the men were talking about the Sisters' retreat." Since then several have spoken of trying to arrange retreats for their units. Even the nurses are eyeing our chapel as a good place to make a weekend retreat.

Sister Sheila Marie
Holy Family Hospital, Quinhon

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $__________________ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

HIGHLIGHTS

Former United Nations Secretary General U Thant has been selected for the Jawaharlal Nehru Award for International Understanding for the year 1965. Announcing the decision of the seven-member jury at a press conference in New Delhi, September 27, Vice President Dr. Zakir Hussain said that U Thant was selected after careful consideration of various proposals received from governments, international organizations and others for the award.

Expressing deep appreciation for his selection to receive the first Jawaharlal Nehru Award for International Understanding, U Thant in a statement said: "I am particularly appreciative of the fact that the award is national understanding, goodwill and friendship among the peoples of the world . . . The late Prime Minister was devoted to children and young people. I feel, therefore, that it would be fitting and proper for me to donate the prize money to the development fund of the United Nations International School."

INDIA NEWS
October 7, 1966

Our world is daily being changed by communications. Nowhere is this more strikingly obvious than in Durham, North Carolina, where radio is being used to wing hope to sick people in far-flung parts of the world. A radio station at Duke University Medical Center stands ready to relay medical advice to doctors in Africa and Latin America. The project's goal is summed-up in its name: MED-AID (Medical Assistance for Isolated Doctors). Through radio, doctors isolated in jungles and deserts can instantly employ the knowledge of the doctors at the famed Duke Medical School. The radio station—tagged WB4BLK—is manned from 9 a.m. until 5 p.m. (EST) each day. The operators, members of the Duke Medical Center Amateur Radio Club, listen on a frequency of 14.250 megacycles. When the operators receive a request, they notify a doctor at Duke. He picks up the phone nearest him, and his phone is connected with the radio transmitter, allowing the doctor at Duke to speak directly with his far-away colleague. Tape recorders are used to store messages. Project MED-AID is informally affiliated with two related organizations; AMDOC and the Direct Relief Foundation, both in Santa Barbara, California. AMDOC sends American doctors as temporary replacements for physicians in field hospitals and bush stations; the Direct Relief Foundation annually gives away several millions of dollars in free drugs to missions throughout the world.

THE NORTH CAROLINA FUND
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& INSIGHTS

HIGHLIGHTS & INSIGHTS

"The mystery of Christmas . . . lays upon us all a debt and an obligation to the rest of men and to the whole created universe . . . God is now present in Man, and men will be judged according to their acceptance of this crucial truth in all its consequences. What we do to man, we do to Christ, the Godman."

Thomas Merton
SEASONS OF CELEBRATION

West German experiments confirm that Communist Chinese chemists have synthesized insulin, says a report in the *New York Times.* This first laboratory production of a protein was reported at a meeting in New York organized by the American Chemical Society. Dr. Klaus Hofmann, director of the Protein Research Laboratory at the University of Pennsylvania, said the Chinese feat was "the most complex synthesis of a biologically active natural product accomplished to date." It involved putting together, in one giant and complex molecule, 777 atoms—each in its proper place. What the Chinese scientists made was a seemingly exact copy of bovine insulin. The hormone is manufactured normally in or near the pancreas and plays a vital role in body chemistry. Diabetes occurs when the hormone is deficient. Normally diabetes can be treated with animal forms of insulin, but some cases are sensitive to such variants. Hence the synthesis of human insulin, which now appears imminent, will be of great medical value. German and American researchers have built up the two long molecular chains — the "A" and "B" chains—that combine to form the full insulin molecule. However, according to Dr. Hofmann, they have been unable to fuse them in the proper, fully active configuration. It is this that the Chinese have achieved. Dr. Hofmann believes no major obstacle now stands in the way of human insulin synthesis.

THE ASIAN STUDENT
September 24, 1966

Medicine and health are subjects on which all peoples of the world can and will unite. Even during war, it was common practice to allow free access of physician to patients regardless of affiliation. Vigorous strengthening of this aspect of society can do much to further international cooperation. Most nations are willing to suppress their political differences to aid the sick. There has been, for example, no attempt to hide any therapeutic advance behind the iron curtain. There has ever been willingness to cooperate on epidemiological problems. International attempts to increase the number and quality of physicians in needy areas could be the path to a greater unity among nations.

Irving H. Page, M.D.
CHANGE

HIGHLIGHTS & INSIGHTS

"Only love can bring individual beings to their perfect completion as individuals, by uniting them one with another, because only love takes possession of them and unites them by what lies deepest within them. This is simply a fact of our everyday experience. And why should not what is thus daily achieved on a small scale be repeated one day on world-wide dimensions? Humanity, the spirit of the earth, the synthesis of individuals and peoples . . . if we would see them made flesh in the world, what more need we do than imagine our power to love growing and broadening till it can embrace the totality of men and of the earth?"

Teilhard De Chardin

"The revolution of international cooperation is as yet very young and not a single battle has been waged, nor will ever be waged, in its name. On the other hand, how many millions of human beings owe it something in health, in peace, knowledge, techniques and improved standards of living? It is a good thing that one does not have to speak at great length to defend this principle which, contrary to all those that preceded it in the convictions, whims and passions of mankind, has the advantage of being absolutely inescapable."

Alberto Lleras Camargo
Former President of Colombia
at the United Nations

"Great ideas, it has been said, come into the world as gentle as doves. Perhaps then if we live attentively, we shall hear, amid the uproar of nations, a faint flutter of wings, the gentle stirring of life and hope. Some will say that this hope lies in a nation; others, in a man. I believe, rather, that it is awakened, revived, nourished by millions of solitary individuals whose deeds and works every day negate frontiers and the crudest implications of history . . . Each man and every man, on the foundation of his own joys and sufferings, builds for all."

Albert Camus

A Protestant United Church of North India may come into existence in 1970. Discussions for such an organization have been going on for more than 30 years. The seven groups that are expected to form the union have been requested to give their final decision before the end of 1969. The churches that have been discussing the new body are the Church of India, Pakistan, Burma, and Ceylon, which is an autonomous province of the Anglican Communion; a union of the Congregationalists, Evangelical Reformed Church, and the Little Moravian Church that is already called the United Church of North India; the Methodist Church; the Methodist Church of Southern Asia; the Baptist Churches of North India; the Church of the Brethren; and the

HIGHLIGHTS

Disciples of Christ. The proposed church would have about four million members. All members will use the Bible as the decisive standard of faith and accept the Apostles' and Nicene Creed. No forms of worship or ritual will be imposed, although a common prayer book will be compiled and forms for worship in common will be devised. The church will accept the sacraments of Baptism and Communion, but only those who have authority by ordination may celebrate Communion.

THE CATHOLIC HERALD CITIZEN
July 30, 1966

"Even now, in many quiet ways, the crisis of world-wide want is being faced up to and dealt with. Today's action by the General Assembly is a seemingly undramatic but certainly significant milestone. Establishment of the United Nations Development Program opens the way for a fuller mobilization of international resources and a fuller coordination of international efforts on a most important front in the battle for a better world. One cannot fail to find encouragement in the symbolism of this step, freely taken by governments of developed and developing countries alike. On our final aims, there is no real disunity. Nations have long since declared their common purpose to banish poverty from the face of this small planet they all share."

SECRETARY GENERAL U THANT
November 22, 1965

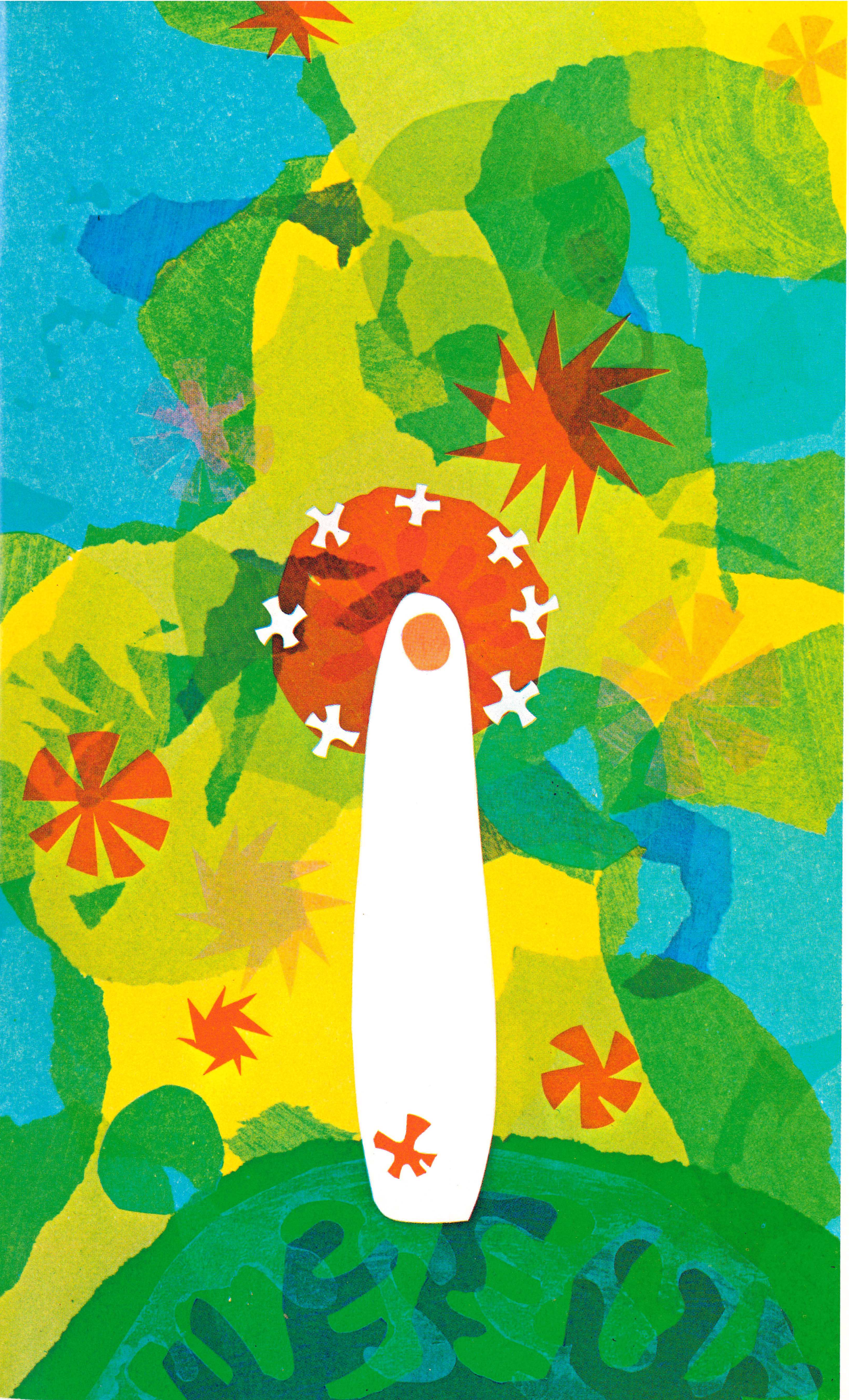
Wherever there are people in need of food and drink, clothing, housing, medicine, employment, education; wherever men lack in the facilities necessary for living a truly human life or are afflicted with serious distress or illness or suffer exile or imprisonment, there Christian charity should seek them out and find them, console them with great solicitude, and help them with appropriate relief . . . The laity should be concerned with the needs of the People of God dispersed throughout the world.

Decree on the Apostolate
of the Laity.

"Look at mankind—this mankind which has made so much progress and is so powerful. See how more than half of the creatures who compose it are in a condition of suffering which we must describe as ignoble and intolerable. They suffer from hunger, literally hunger! In some areas this hunger is permanent and growing. The duty belongs to all of us. This is a characteristic phenomenon of our times, in which the relations among men have brought the vicissitudes of every part of mankind to the attention of all. Nobody today can say, 'I did not know.' And in a way, nobody can say today, 'I could not. I did not have to.' Charity stretches out its hand to everyone. Let nobody dare answer, 'I did not want to!' "

POPE PAUL VI

& INSIGHTS



MARY: *type of the universal Church*

Here is my $__________
contribution to help enlarge
your midwifery school.

Signed:____________________

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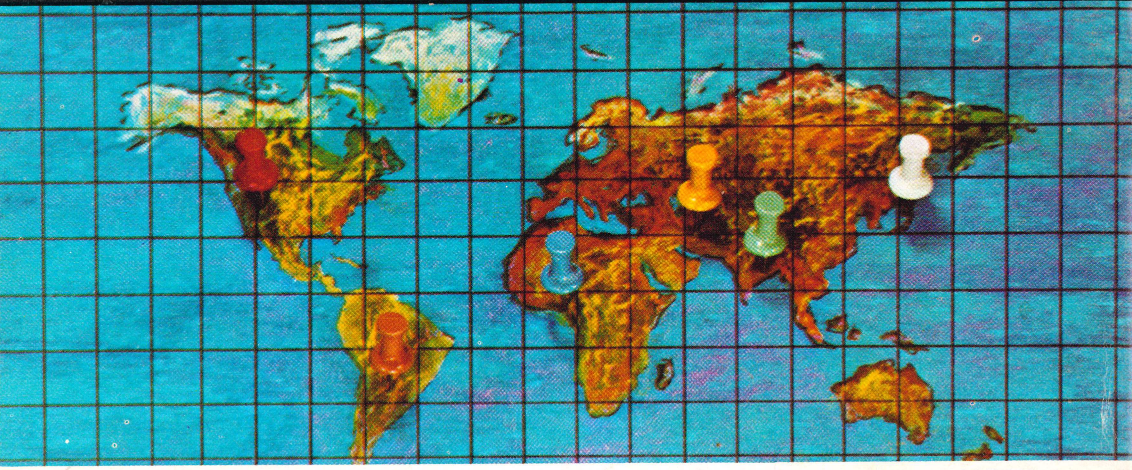

It's hard to picture potential—to show the impact of one small building in Santa Fe, New Mexico. Catholic Maternity Institute doesn't look like much, but its graduate nurse-midwives now fill vital posts in Asia, Africa, the Middle and Far East, South America and the United States. Its record to date is impressive and in the future there's no telling how far it will go. The number of nurses waiting to enroll in the midwifery program indicates that the opportunity for expansion increases daily. There's only one disturbing factor. We need more staff and larger quarters, and this means money. Will you help us?

Santa Fe, New Mexico